



**INTERNAL QUALITY ASSURANCE CELL**  
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IQAC/.....**130**...../23

Date.....**09.05.2023**.....

To

The Chairman, P.G. Council  
Rama Devi Women's University, Bhubaneswar

Sub: Course Completion Certificate on Value Added Courses regarding.

Sir,

With reference to the subject cited above, you are requested to kindly provide a course completion certificate on Value Added Courses offered by the teaching Departments. This certificate is required for NAAC documentation. A format is given below for this purpose.

Sl. No.	Departments	Title of VAC	No. of Students enrolled with Class	No. of Students completed the course successfully	Completion Date/ Year	Issuance of Certificate (Yes/No)

In addition, steps may be initiated to issue the certificates to the students who have successfully completed the VAC.

Memo No. IQAC/.....**131**...../23

Date:.....**09.5.2023**.....

  
Director, IQAC

Copy to P.S. to V.C. for kind information of the Hon'ble Vice Chancellor.

  
Director, IQAC